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| ** FOREIGN APPLI | CATI | BAD (NON ONS ************************************ | €) | | | | | | |
| IF REQUIRED, FOF ** 07/29/1998 | REIGI | N FILING LICENSE GRA | NTED | | | | | | |
| Foreign Priority claimed | | | | | | SHEETS | | TAL | INDEPENDENT |
| 35 USC 119 (a-d) conditions met yes no Met after Allowance Verified and Acknowledged Examiner's Signature Initials VA | | | | | DR | PRAWING CL | | AIMS 1 | CLAIMS 1 |
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| TITLE ATM NETWORK MA | ANAG | EMENT SYSTEM | | | | | | | |
| | | | | | | All Fees | | | |
| | FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT | | | | | 1.16 Fees (Filing) | | | |
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| RECEIVED 920 | No | for following: | | | | 1.18 Fees (Issue) | | | |
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| | | | | | | ☐ Credit | | | |